

862.2213



PATENT APPLICATION

#10
(L.E.)
3-130
JL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
TAKEYUKI NAGASHIMA) Examiner: K.Y. Poon
Application No.: 09/033,585) Group Art Unit: 2724
Filed: March 3, 1998)
For: PRINTING SYSTEM, AND)
PRINTING CONTROL METHOD)
AND APPARATUS) Date: March 1, 2000

Assistant Commissioner for Patents
Washington, D.C. 20231

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AMENDMENT AND PETITION FOR EXTENSION OF TIME

Sir:

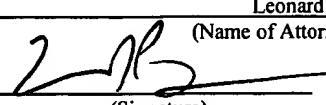
Applicant petitions to extend the time for response to the Office Action dated September 1, 1999 to and including March 1, 2000. A check in the amount of \$870.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension, and credit any overpayment, to Deposit Account 06-1205.

The Examiner is respectfully requested to amend the

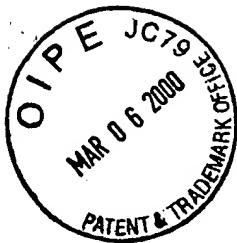
I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on

March 1, 2000
(Date of Deposit)

Leonard P. Diana
(Name of Attorney for Applicant)


March 1, 2000
(Signature) (Date of Signature)

03/07/2000 RISERATE 00000169 003585
01 FC:117



GP2724 /S

In re Application of:

TAKEYUKI NAGASHIMA

Application No.: 09/033,585

Filed: March 3, 1998

For: PRINTING SYSTEM, AND PRINTING
CONTROL METHOD AND APPARATUS

Docket No. 862.2213

Examiner: K.Y. Poon

Group Art Unit: 2724

Date: March 1, 2000

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 15	MINUS	** 20	= -	x \$ 9 \$18	\$0
INDEP. CLAIMS	* 7	MINUS	*** 7	= -	x \$39 \$78	\$0
Fee for Multiple Dependent claims \$130°/\$260						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.



A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

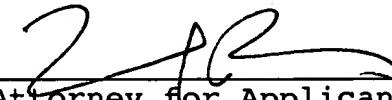
Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$870.00 to cover the fee for a three month extension is enclosed.

A check in the amount of \$_____ to cover the Notice of Appeal fee is enclosed.

Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Registration No. 2846
29,296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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